

County: Waupaca  
IOLA NURSING HOME  
PO BOX 237

Facility ID: 4520

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IOLA 54945 Phone: (715) 445-2412  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/00): 63  
Total Licensed Bed Capacity (12/31/00): 63  
Number of Residents on 12/31/00: 59

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Average Daily Census: 59

Nonprofit Church-Related  
Skilled  
No  
Yes  
59

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	32.2
Supp. Home Care-Personal Care	No					1 - 4 Years	44.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	23.7
Day Services	No	Mental Illness (Org./Psy)	39.0	65 - 74	5.1		
Respite Care	Yes	Mental Illness (Other)	1.7	75 - 84	30.5		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.5	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.4	95 & Over	11.9	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	1.7		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	20.3	65 & Over	100.0		
Transportation	Yes	Cerebrovascular	13.6			RNs	11.3
Referral Service	No	Diabetes	10.2	Sex	%	LPNs	5.7
Other Services	No	Respiratory	0.0			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	10.2	Male	42.4	Aides & Orderlies	
Mentally Ill	No			Female	57.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay		Managed Care			Total	Percent Of All Residents	
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%			Per Diem Rate
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	5	100.0	\$255.99	37	77.1	\$102.69	0	0.0	\$0.00	3	50.0	\$130.00	0	0.0	\$0.00	45	76.3%
Intermediate	---	---	---	11	22.9	\$85.40	0	0.0	\$0.00	3	50.0	\$130.00	0	0.0	\$0.00	14	23.7%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	5	100.0		48	100.0		0	0.0		6	100.0		0	0.0		59	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	14.3	Bathing	0.0	42.4	57.6	59
Private Home/With Home Health	3.2	Dressing	8.5	61.0	30.5	59
Other Nursing Homes	4.8	Transferring	22.0	54.2	23.7	59
Acute Care Hospitals	77.8	Toilet Use	22.0	45.8	32.2	59
Psych. Hosp. -MR/DD Facilities	0.0	Eating	37.3	52.5	10.2	59
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0	Continence		%	Special Treatments	%
Total Number of Admissions	63	Indwelling Or External Catheter	3.4		Receiving Respiratory Care	3.4
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	52.5		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	47.7	Occ/Freq. Incontinent of Bowel	22.0		Receiving Suctioning	1.7
Private Home/With Home Health	12.3	Mobility			Receiving Ostomy Care	0.0
Other Nursing Homes	0.0	Physically Restrained	3.4		Receiving Tube Feeding	3.4
Acute Care Hospitals	1.5	Skin Care			Receiving Mechanically Altered Diets	33.9
Psych. Hosp. -MR/DD Facilities	0.0	With Pressure Sores	3.4		Other Resident Characteristics	
Rehabilitation Hospitals	0.0	With Rashes	10.2		Have Advance Directives	100.0
Other Locations	1.5				Medications	
Deaths	36.9				Receiving Psychoactive Drugs	39.0
Total Number of Discharges (Including Deaths)	65				*****	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility		Ownership: Nonprofit		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%	Ratio	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.7	1.01	92.8	1.01	86.6	1.08	87.0	1.08	84.5	1.11
Current Residents from In-County	78.0	1.06	73.6	1.06	69.4	1.12	69.3	1.12	77.5	1.01
Admissions from In-County, Still Residing	27.0	1.01	26.8	1.01	19.5	1.38	22.3	1.21	21.5	1.25
Admissions/Average Daily Census	106.8	1.23	86.5	1.23	130.0	0.82	104.1	1.03	124.3	0.86
Discharges/Average Daily Census	110.2	1.31	83.8	1.31	129.6	0.85	105.4	1.05	126.1	0.87
Discharges To Private Residence/Average Daily Census	66.1	2.34	28.3	2.34	47.7	1.39	37.2	1.78	49.9	1.33
Residents Receiving Skilled Care	76.3	0.86	89.0	0.86	89.9	0.85	87.6	0.87	83.3	0.92
Residents Aged 65 and Older	100	1.03	97.3	1.03	95.4	1.05	93.4	1.07	87.7	1.14
Title 19 (Medicaid) Funded Residents	81.4	1.21	67.3	1.21	68.7	1.18	70.7	1.15	69.0	1.18
Private Pay Funded Residents	10.2	0.38	27.1	0.38	22.6	0.45	22.1	0.46	22.6	0.45
Developmentally Disabled Residents	0.0	0.00	0.4	0.00	0.7	0.00	0.7	0.00	7.6	0.00
Mentally Ill Residents	40.7	1.24	32.8	1.24	35.9	1.13	37.4	1.09	33.3	1.22
General Medical Service Residents	10.2	0.45	22.4	0.45	20.1	0.51	21.1	0.48	18.4	0.55
Impaired ADL (Mean)	56.9	1.16	49.0	1.16	47.7	1.19	47.0	1.21	49.4	1.15
Psychological Problems	39.0	0.84	46.3	0.84	49.3	0.79	49.6	0.79	50.1	0.78
Nursing Care Required (Mean)	7.0	0.92	7.6	0.92	6.6	1.06	7.0	0.99	7.2	0.98